

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

REGISTRATION/RENEWAL FEE REPORT

TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

RRF-1 EXTENSIONS WILL NOT BE GRANTED

Enter State Charity Registration Number, Name, and Address of Organization:

State Charity Registration Number: 2362 14

Travelers Aid Society of Sacramento, Inc.

Name of Organization

2251 Florin Road

Address (Number and Street)

Sacramento, CA 95822

City or Town, State and Zip Code

Check if:

☐ Change of address☐ Amended report

Corporate or Organization No. _____

Federal Employer I.D. No. 94-1167423

PART A - ACTIVITIES

Yes No

1. During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?

Note: If the answer is yes, you are required by Title 11 of the California Code of Regulations, §§311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.

2. For your most recent full accounting period (beginning 07/01/2003 ending 06/30/2004) list:Gross receipts \$ 750,000 Total assets \$ 250,000 Actual _____ Estimated X

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?

Yes No

2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?

3. During this reporting period, did nonprogram expenditures exceed 50% of gross revenues?

4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.

5. During this reporting period, were the services of a professional fund-raiser or fund-raising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.

6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.

7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.

8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fund-raiser.

Organization's area code and telephone number (916) 399-9646Organization's e-mail address Taeaa@lanset.com

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Carlos E. Soler

Carlos E. Soler

CPA

11/15/2004

Signature of authorized officer

Printed Name

Title

Date



TAEAA

**Travelers Aid
Emergency
Assistance
Agency**

2251 Florin Road, Suite 124
Sacramento, CA 95822

Phone (916) 399-9646
FAX (916) 399-9649
email: taeaa@lanset.com

ELNOR F. TILLSON
EXECUTIVE DIRECTOR

January 21, 2005

Registry of Charitable Trust
P.O. Box 903447
Sacramento, CA 94203-4470

RE: Attached Registration/Renewal Fee Report and Check 6560

We have received Federal funds from the following:

HUD through County of Sacramento, Dept of Human Assistance, Suzanne Hammer, 916-874-4343; **FEMA** through Community Services Planning Council, 909 12th St. Suite 200, Sacramento, CA 95814, Martha Baker, 916-447-7063; **EHAP**, Department of Housing and Community Development, Division of Community Affairs, 1800 Third Street, Suite 390, P.O. Box 952054, Sacramento, CA 94252-2054, Martha Baker, 916-447-7063.

Federal Employer I.D. Number 94-1167423.

Elnor Tillson,
Executive Director